

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90003 022 ***150.00

DOCUMENT # P98000018939

1. Entity Name
4WARD MAINTENANCE AND REPAIR, INC.

Principal Place of Business P.O. BOX 953578 LAKE MARY FL 32795-3578	Mailing Address P.O. BOX 953578 LAKE MARY FL 32795-3578
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3498414**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WADE, WARD J
1133 SWAN AVE
DELTONA FL 32725

Name

Street Address (P.O. Box Number is Not Acceptable)

1118 CAMBRIDGE ST

City

DELTONA,

FL

Zip Code

32725

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Wade J. Ward

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P WARD, WADE J 1133 SWAN STREET DELTONA FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1118 CAMBRIDGE ST DELTONA, FL 32725
<input type="checkbox"/> Delete	V WARD, KELLY A 1133 SWAN STREET DELTONA FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1118 CAMBRIDGE ST DELTONA, FL 32725
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wade J. Ward
WADE J. WARD, PRES

Date

Daytime Phone #

4/26/01 **407-695-2033**

0478336

CR2E034 (10/00)